

DECLARATION OF FUND BALANCE(S)

COUNTY OF PLUMAS

Name of Department: _____
Department No.: _____

Report for the Month of: _____

Deposit Listing:

Cash on Hand (at end of last month reported) \$ _____

Total Amount Received – This month only + (plus) \$

Payments into County Treasury - (minus) \$ _____

Cash on Hand Last Day of Reporting Month = (equals) \$ _____

I, the undersigned, do declare that the fee record in my office contains a true statement in detail of all cash collected, paid, disbursed or held by me or under my control for the month of _____ and that all monies payable into the County Treasury have been paid. To my knowledge, neither I, nor any of my deputies and/or assistants have provided any official service which is not fully set out in the fee record.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Department Head

**DATE RECEIVED BY
AUDITOR'S OFFICE**

Deputy: _____